



Executive Management Committee
Minutes of the meeting held in Edith Cavell Meeting Room,
Ipswich Hospital
On 13 August 2018, at 1:00pm

PRESENT:

Nick Hulme	Chief Executive Officer (Chair)
Neill Moloney	Managing Director
Dawn Scrafield	Director of Finance
Mike Meers	Director of ICT
Barbara Buckley	Chief Medical Officer
Paul Fenton	Director of Estates & Facilities
Crawford Jamieson	Site Medical Director
Alison Power	Director of Operations Group 1
Claire Thompson	Site Director of Nursing
Ann Alderton	Company Secretary
Nicky Leach	Director of Logistics and Patient Services
Alan Harkness	Clinical Director
Chris Backhouse	Clinical Director
Selina Lim	Clinical Director

IN ATTENDANCE:

Karen Lough	Head of Operations (deputising for Director of Operations Group 2)
Leigh Howlett	Deputy Director of HR
Sam Fuller	Associate Director of Operations - MSK & Surgery
John Tobin	Associate Director of Operations
Sarah Smith	Head of Nursing for Women and Children's Division
Tammy Diles	Deputy Company Secretary (Scribe)
Rebecca Walker	REACT Service lead (for item 2.1 only)

Items were not necessarily discussed in order of the agenda

1.1 WELCOME AND APOLOGIES FOR ABSENCE

Mr Hulme welcomed everyone to the meeting. Apologies for absence had been received from: Denver Greenhalgh, Director of Governance, Catherine Morgan, Chief Nurse, Alison Smith, Director of Operations Group 3, Debo Ademokun, Clinical Director and Mark Bowditch, Clinical Director – MSK & Special Surgery.

1.2 DECLARATIONS OF INTEREST SPECIFIC TO AGENDA ITEMS

There were none.

1.3 DRAFT MINUTES OF PREVIOUS MEETING

Minutes of the previous meeting were approved as a correct and accurate record.

1.4 ACTION LOG

The action log was discussed and updates provided.

1.5 MATTERS ARISING

There were no matters arising.

2.1 SHOW CASE FROM GROUP 3

Ms Walker gave a presentation on REACT and highlighted the following:

- They had brought together four separate services, to drive resource and service synergies; progress continued to be made against overall strategic vision;
- Community links improved through REACT and CONNECT working together;
- Average number of patients assessed and supported = **658.6 per month**
- Average number of hospital admissions avoided = **593.3 per month**
- Admission avoidance rate = **90.1%**
- Admissions avoided = **19.5 per day**
- 40% declined referrals reduced to 17% Since the resource shift from acute to the community – Less patients were having to attend the acute trust unnecessarily which meant Care closer to home;

In response to a question from Mrs Scrafield, Ms Walker confirmed that relationships with the hospice had improved. She gave an example which included a patient that lived remotely but required four visits per day to support with care, the Trust and hospice had shared the care saving both organisations attending the patient.

Mr Hulme and committee members all agreed that this was an excellent piece of work and they were all pleased to hear that clinicians were able to provide feedback annually on the service.

2.2 PATIENT FLOW AND OPERATIONS CENTRE REVIEW

Ms Leach presented the patient flow and operations centre review. She highlighted that at the heart of the new ESNEFT organisation was the philosophy of 'time matters'. In this context a review of patient flow and the operations centres at both Colchester Hospital and Ipswich Hospital had been undertaken during June and July to identify how the Trust could improve the timeliness of patient care, reducing unwarranted stress and inappropriate time spent in an acute setting, and reduce the time staff spent on non-value adding activities.

Ms Leach stated that opportunities for improving how the use of time in the efficient and effective management of emergency flow were found across all five components of process, people, governance, technology and information. These opportunities were found to exist across the whole organisation which included operations centres, wards, supporting clinical services and supporting corporate infrastructure. Consequently, implementation of changes to improve the timeliness of care given to patients to enable them to leave the acute setting at the right time would require a coordinated, organisation-wide approach.

Ms Leach reported that the findings were presented in two documents for the committee's perusal. She stated that during August the project team was seeking input from all divisions to achieve acceptance of the findings and agreement to what and how the changes would be implemented. Ms Leach reiterated that changing behaviours across the organisation could not be driven solely by one function.

The committee discussed the slides on the presentation. It was agreed that some of the work presented could be implemented immediately enabling quick wins and not losing sight of what was needed.

Action: Ms Thompson, Ms Lough, Ms Dowdswell and Ms Leach agreed to meet to discuss the collaborative working.

The committee agreed that organisational commitment, consistency, building confidence and getting traction was what was desired to achieve the desired results of change. Mr Moloney stated that the message had to be very clear on what the Trust wanted to convey linking into time matters.

2.3 CORPORATE SERVICES RESPONSE TO DIVISIONAL BUSINESS PLANS

Mr Meers presented the corporate response to divisional plans highlighting the following:

- Priorities for 2018/19;
- Target Operating Model;
- Corporate Accountability Meetings;
- Transformation;
- CIP Delivery;
- Risk;
- BAU Priorities 2018/19;
- Time Matters 2018/19;
- Corporate Target Operating Model;
- Transformation;
- Corporate Accountability Meetings;
- Corporate CIP Status, and;
- Post Transaction Risks;

In response to a question from Mr Hulme, Mr Backhouse and Dr Harkness confirmed that although they felt it was very challenging, they welcomed the response.

2.4 CANCER RECOVERY PLAN – VERBAL UPDATE

Ms Power presented a verbal update highlighting that the recovery plan was overseen by the Cancer Board on a monthly basis. She reported that the trajectory was reporting over 85% at the end of October. In response to a question from Mr Moloney, Ms Power confirmed that the October position was the uploaded position validated by 27th November. Ms Power reported that there were similar issues at Ipswich but that she was confident that there was a plan in place that could be delivered.

The committee discussed the cancer strategy and Ms Power agreed that she would meet with Mr Subash Vasudevan to receive an update.

Ms Power was pleased to report that she had more confidence with the numbers being provided and that with additional clinics being put on there had been no cancelled routine surgeries.

Action: The committee agreed that they would expect to see a verbal update at each meeting.

2.5 PATIENT ACCESS POLICY

Ms Lough presented the patient access policy. She was pleased to report that following it being updated via a small working group, it had now been signed off by all the local CCG's.

Ms Lough informed the committee that it was 18 weeks until Christmas. She stated that there would be weekly roadshows, choosing something from PTL which would be used as a mechanism for engaging with staff.

3.1 AF PROPOSAL FOR THE FUTURE (including feedback from EMC)

Ms Scrafield presented the AF proposal highlighting that this reflected the work undertaken over the last period of time and incorporated feedback from the Divisions.

3.2 MEDICAL ENGAGEMENT SCALE

Dr Buckley presented the medical engagement scale. She informed the committee that she was not confident with the piece of work and suspected that the merger had made an impact on the engagement. It was agreed that this would be presented back to the Divisions who would be encouraged to actively encourage engagement, ambition and enthusiasm with clinicians.

3.3 WINTER PLANNING

Ms Power reported on the ESNEFT winter plan. She reported that it had not been shared as it was still being worked on. She agreed to circulate it for comments the following week but reminded the committee that it would be signed off by NHSI at the end of August. She confirmed that it would be on the next agenda.

3.4 NHSP UPDATE

Mrs Howlett presented an update in relation to the NHSP pay issue. The committee expressed their concern that this should have been a good news story. Mrs Howlett informed the committee that there were now regular meetings, a Trust apology had been issued and she was more confident that the relationship was being better managed.

Mr Hulme requested regular updates and confirmation that this issue would not happen again.

4.1 BUSINESS CASES

There had been no reported business cases.

5.1 PORTFOLIO BOARD UPDATE

Mr Moloney provided a verbal update in relation to the portfolio board. He reported that the progress of the programmes would be presented at the next EMC meeting.

5.2 STRATEGY UPDATE

Dr Gordon discussed the forthcoming board seminar and requirements. He stated that he wanted stimulation ahead of the meeting and had requested senior leaders to start thinking about the ambition of the Trust, vision and strategic goals. To set the tone required, the slides had already been shared with the Divisions.

6.1 INTERNAL AUDIT PLAN 2018/19 (incorporating EMC comments)

The committee requested to know if the following four items could be shared at the newly formed ROC meeting. Mrs Scrafield agreed to follow this up with Mrs Greenhalgh.

7.1 INTERNAL AUDIT RECOMMENDATIONS

As above.

7.2 INTERNAL AUDIT LIMITED ASSURANCE REPORT: OUTPATIENTS CANCELLED APPOINTMENTS

As above.

7.3 INTERNAL AUDIT LIMITED ASSURANCE REPORT: REVIEW OF QUALITY – CANCER WAITING TIMES

As above.

8.1 ANY OTHER URGENT BUSINESS

In response to a question from Mr Hulme, Mr Fuller and other deputising members requested to be part of the membership of the EMC. They stated that it supported and helped them with their own roles.

Mr Hulme stated that this would be discussed at the next TX meeting and although he supported the request, the Executive team would need to agree the numbers for attendance.

9.1 DATE AND TIME OF NEXT MEETING

20 September 2018, 10am-12pm, Edith Cavell, Ipswich Hospital
Meeting declared closed.